

Almont Police Department



817 N. Main St., Almont, Michigan 48003
(810) 798-8300 Fax – (810) 798-3397

Patrick S. Nael
Chief of Police

ACCIDENT REPORT REQUEST FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ WORK: _____ CELL: _____

INCIDENT #: _____ DATE OF INCIDENT: _____

LOCATION OF INCIDENT: _____

NAMES OF DRIVER(S): _____

Please include with your completed request form a check in the amount of \$5.00 made out to the Village of Almont. Bring this form and your check with you to receive a copy of your accident report in person.

If you are requesting that your request be honored by mail please include with your completed request form a check in the amount of \$5.00 made out to the Village of Almont and a self addressed stamped envelope, and mail to:

Almont Police Department
ATTN: Accident Report
817 N. Main St.
Almont, MI 48003

Requests by mail will not be honored without a self addressed stamped envelope

Printed Name

Signature

Date of Request

Date Completed

www.almontpd.com